



Indira Bahuuddeshiya Shikshan Sanstha Buldana's

Dr. Rajendra Gode Institute of Nursing, Amravati

Dr. Rajendra Gode Educational Campus, Mardi Road, Amravati Tq. Dist. Amravati - 666402

Affiliated By Govt. Of Maharashtra M U H S Nashik, M N C Mumbai I N C New Delhi

E-mail drrgionamravati@gmail.com

website www.drgion.com

MUHS College Code : 155150

DMER College Code : 09253

President,

Mr. Yogendra R. Gode

Course No. B.Sc. Nsg. 202

Date - 30/03/2026

Notice no. 130/A/2026

NOTICE

Subject: Phased Schedule for Summer Vacation– Teaching Faculty


This is to inform all Teaching Faculty members that the Summer Leave shall be granted in a phased manner in order to ensure the smooth functioning of academic and administrative activities of the institution.

The schedule of leave is as follows:

Sr.No.	Date	Phase	Days
1.	06 April 2026 to 15 April 2026	Phase I	10
2.	16 April 2026 to 25 April 2026	Phase II	10
3.	26 April 2026 to 05 May 2026	Phase III	10
4.	06 May 2026 to 15 May 2026	Phase IV	10

All faculty members are required to strictly adhere to the above-mentioned schedule. The allocation of faculty members for each phase will be notified separately by the undersigned. Further, all concerned faculty members shall ensure proper handover of academic responsibilities and institutional duties prior to proceeding on leave.

This is issued with the approval of the competent authority.


Principal

DRGION

Principal
DRGION, Amravati

Leave Application

Date: 18/03/2026

To,
The Principal,
Dr. Rajendra Gode Institute of Nursing,
Mardi Road, Amravati

Type of Leave: Casual Leave (CL)/Duty Leave (DL)/Compensatory (C-OFF)
Earn Leave (EL) /Leave without Pay (LWP)/Medical Leave/ Special
leave (ON DUTY MUHS)

Applicant: - MS. Komal Awasare

Designation: - Assistant Professor

Authorized	Availed	Balance	No. of Days Required	Period	
				From	To
			22 day	20/03/2026	10/04/2026

Reason for Leave: - Maternity leave

Alternative arrangement for class work

Date	Specialty	Period	Faculty name	signature
20/3/2026			MS. Vaishnavi Wankhale	<u>Wankhale</u>
to				
10/4/2026				

My duties are handed over to: - (1) MS. Vaishnavi Wankhale

Komal Awasare
Signature of the Applicant

Wankhale

Recommended /Not Recommended

SECTIONED		
	Days	
	Date	
Remark		

Principal
Principal

Principal
DRGION, Amravati

- 2D/3D/4D Sonography
- Colour Doppler
- Digital X-ray

NAME: MRS. KOMAL AWASARE	DATE: 31 Mar 2026
REF BY: SELF	AGE/ SEX: 32 YEARS/ F

PELVIC ULTRASOUND EXAMINATION (TVS)

Single live intrauterine pregnancy with normal and regular cardiac activity is imaged.

Clinical Details :

LMP (Last Menstrual Period): 10/01/2026

Gestational Age (by LMP): 12 Weeks 0 Days

Ultrasound Findings :

Uterus : Anteverted, normal in size and shape
 Gestational Sac : Single intrauterine gestational sac seen
 Fetal Pole : Present
 Crown-Rump Length (CRL) : 5.8 cm
 Fetal Heart Rate (FHR) : Corresponds to approx. 12 Weeks 0 Days
 : 152 beats per minute (Normal)
 Yolk Sac : Visualized, appears normal
 Nuchal Translucency (NT) : 1.6 mm (within normal limits)
 Nasal Bone : Present
 Amniotic Fluid : Adequate
 Placenta : Posterior location, Grade 0
 Fetal Movements : Present
 Cervix : Closed, length adequate
 Adnexa : No abnormality detected

Impression :

Single live intrauterine pregnancy of approx. 12 Weeks 0 Days

Fetal growth corresponds with gestational age

Nuchal translucency within normal limits

No obvious abnormality detected at present

Advice:

Correlate clinically

Follow-up scan as advised

Consider first trimester screening (if not already done)

Dr. Sahil Kulkarni

MD, DNB, MNAMS Radiodiagnosis
 EDiR (Spain), DICR
 Fellowship In MSK Radiology

Dr. Madhavi Kulkarni

MD, DNB, MNAMS Radiodiagnosis
 Fellowship In Breast Imaging
 Fetal Medicine Consultant

Leave Application

Date: 02/04/2026.

To,
The Principal,
Dr. Rajendra Gode Institute of Nursing,
Mardi Road, Amravati

Type of Leave: Casual Leave (CL)/Duty Leave (DL)/Compensatory (C-OFF)
Earn Leave (EL) /Leave without Pay (LWP)/Medical Leave/ Special
leave (ON DUTY MUHS)

Applicant: - Mr. Abhishek Tadhav

Designation: - Nursing Tutor.

Authorized	Availed	Balance	No. of Days Required	Period	
				From	To
			half day	06/04/26	06/04/26.

Reason for Leave: - Personal work

Alternative arrangement for class work

Date	Specialty	Period	Faculty name	signature
			Ms - Diksha Adkane.	<u>Adkane</u>

My duties are handed over to: - (1) Ms. Diksha Adkane, (2) _____

As 02/04/2026.
Signature of the Applicant

Adkane

Recommended /Not Recommended

SECTIONED		
	Days	half day.
	Date	06/04/2026
Remark		

Principal
Principal
DRGION, Amravati

Leave Application

Date: / / 20

To,
The Principal,
Dr. Rajendra Gode Institute of Nursing,
Mardi Road, Amravati

Type of Leave: Casual Leave (CL)/Duty Leave (DL)/Compensatory (C-OFF)
Earn Leave (EL) /Leave without Pay (LWP)/Medical Leave/ Special
leave (ON DUTY MUHS)

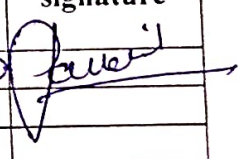
Applicant: - Miss. Snehal M. Gandhe

Designation: - Nursing Tutor

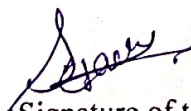
Authorized	Availed	Balance	No. of Days Required	Period	
				From	To
			7 months	1/11/2025	30/5/2026

Reason for Leave: Due to maternity leave

Alternative arrangement for class work

Date	Specialty	Period	Faculty name	signature
1/11/25 to 30/5/26	FNV.	7	Palladi Wankhede	

My duties are handed over to: - (1) Palladi Wankhede


Signature of the Applicant



Recommended /Not Recommended

SECTIONED		
	Days	
	Date	
Remark		


Principal

Principal
DRGION, Amravati



RADIANT
SUPERSPECIALITY HOSPITAL

Dr. ANURADHA A. KAKANI
MBBS (MGIMS, Sevagram)
DGO, MD (Ob-Gy, MGIMS, Sevagram)
Consultant Gynecologist & Obstetrician
Reg. No : 84890 (MMC)

DISCHARGE SUMMARY

MRS. SNEHAL NIKESH NANDANWAR

MRN-2412005

DOB / AGE : 27 YR / FEMALE
ADDRESS : SAMRA NAGAR , AMRAVATI, MAHARASHTRA, INDIA, 444601
MOBILE NO : 7387732136 REG. NO : IPD.25-26-2274
PATIENT CATEGORY : REGULAR
WARD INFO : S-10/SPECIAL-10/SPECIAL (4TH FLOOR)
DISCHARGE TYPE : REGULAR DISCHARGE
DISCHARGE CONDITION : STABLE
DEPARTMENT : GYNAECOLOGY
CONSULTANTS : DR. ANURADHA KAKANI [MBBS,DGO,MD(OB-GY)]
ADMISSION DATE : 05-12-2025 11:44 PM DISCHARGE DATE : 07-12-2025 04:09 PM



DIAGNOSIS

DIAGNOSIS ICD CODE
PRIMI WITH B THALASSEMIC TRAIT WITH ANEMIA WITH 38 WEEK WITH FULL TERM NORMAL VAGINAL DELIVERY DONE
VACUUM

PRESENTING COMPLAINTS

Mrs.Snehal Nandanwar 27 years old female patient now admitted in hospital with primi with B thalassemia trait with anemia with 38 weeks with complaint of labour pain.

LMP - 14/03/2025 EDD -20/12/2025

On admission patient was conscious & oriented; obeys verbal commands; moving all 4 limbs; CVS - S1, S2 normal; HR - 100/min; RR - 18; BP - 80/60 mmHg; Temp - 98.2 f; SPO2 - 99%; RBS - 110

HOSPITAL STAY

patient admitted in room labour pain+, patient delivered a baby boy by normal delivery on 06/12/2025 at 3:15am.

PEDIATRICIAN DR MADHURI AGARWAL

Baby notes:

DOB-06/12/2025, TOB-03:15 AM, SEX-male child, WT.-2.8KG

Vaccination done on 06/12/2025, BCG-1,OPV 01,HEP B1.

baby clinically stable, feed tolerate,afebrile,baby active urine, stool passed

Dressing done wound healthy. She was then treated with antibiotic,antacid, analgesic, MVI and other supportive drugs. She show gradual improvement hence is being discharge in stable condition.

BABY NOTES

Mother's Name : MRS. SNEHAL NIKESH NANDANWAR

Father's Name : DR. NIKESH NANDANWAR

Mode Of Delivery : NVD

Cried Immediately? Yes

Labour Reg No ; Mothers Blood Gestational Age ; Gender : Male Birth Wt : 2.8 kg Birth Date Time : 06-12-2025 03:15 AM
BR-105 Group : A+ 38 wks

Delivery Condition : Stable
Mother's Condition on Discharge : STABLE
Savansamravati Hospital, Amravati, 444 606. | E-mail : savansamravati@gmail.com
Contact : 0721-2570999, 2562999

DISCHARGE MEDICATION

SR. MEDICINE

1. CEFTUM 500MG

2. MEFTAL SPAS

3. PAN 40 MG

4. EMANZEN D

5. SOFRAMYCIN CREAM

DOSAGE INSTRUCTION

1-----0-----1 TWICE A DAY

०६-१२-२०२५ - १०-१२-२०२५

१ गोळी दिवसातून दोन वेळा जेवणानंतर

०६-१२-२०२५ - ०८-१२-२०२५

१ गोळी प्रत्येक सकाळी जेवण करण्यापूर्वी

०६-१२-२०२५ - १०-१२-२०२५

१ गोळी दिवसातून दोन वेळा

०६-१२-२०२५ - १०-१२-२०२५

यसून लायण्यासाठी

०६-१२-२०२५ -

DURATION / ROUTE

५ दिवस १०

ORAL

३ दिवस ६

ORAL

५ दिवस ५

ORAL

५ दिवस १०

ORAL

INSTRUCTIONS

Do Not Stop Medicine Without Doctors Advice.

दुसऱ्या डॉक्टरांच्या सल्ल्याशिवाय बंद करू नये.

Hospital Emergency Contact No : 0721-2570999, 2562999.

FOLLOW UP AFTER 5 DAYS

Consultant

for
Dr

Dr. ANURADHA KIKAV

Dr. Anuradha A K
MBBS, DGO, MCh

Gynaecologist & Obstetrician

Reg. No. 5210

Medical Management Cases: Fever, Uneasiness, Guidelines of any weakness complications. Call 0712-2570999, 2562999. Do not stop
medication without doctor advice. In case of emergency come to casualty phone no- 0712-2570999, 2562999.

Notes: Summary of Key Investigations during Hospitalization: As per Report Attached

Leave Application

To,
The Principal,
Dr. Rajendra Gode Institute of Nursing,
Mardi Road, Amravati

Date: 30/3/2026

Type of Leave: Casual Leave (CL)/Duty Leave (DL)/Compensatory (C-OFF)
Earn Leave (EL) /Leave without Pay (LWP)/Medical Leave/ Special
leave (ON DUTY MUHS)

Applicant: - Pranali Pranil Mehendale

Designation: - Nursing Tutor

Authorized	Availed	Balance	No. of Days Required	Period	
				From	To
			2 months	01/4/26	01/6/26

Reason for Leave: - Maternity leave

Alternative arrangement for class work

Date	Specialty	Period	Faculty name	signature
30/3/26			Samiksha Taywade	<u>[Signature]</u>
			Pallavi Wankhede	<u>[Signature]</u>

My duties are handed over to: - (1) Samiksha Taywade [Signature]
Pallavi Wankhede [Signature]

[Signature]
Signature of the Applicant

Recommended /Not Recommended

SECTIONED		
	Days	
	Date	
Remark		

[Signature]
Principal
Principal
Dr. Rajendra Gode Institute of Nursing,
Mardi Road, Amravati

To,
The Principal
Dr. Rajendra Gode Institute of
Nursing, Amravati

Subject - Request for early maternity leave
Applicant - Pranali P Mehendre.

Respected mam,

I pranali pranil Mehendre the tutor
of our Institute. Is having pregnancy and
because of it I am not feeling well.
so I want 2 to 3 months of leave for
recovery. As my doctor has requested me to
take complete rest.

I will continue my work as
soon as I will be ok. my leave starts
from 01/04/26.

so please grant me a leave.

Thanking you!

Your sincerely
Pranali Mehendre
-Mehendre

Date - 30/03/26

Approved
[Signature]

Hantodkar Hospital

Surgeon & Maternity Centre

हंतोडकर हॉस्पिटल, कॉम्प्युटर सर्कल जवळ, राठी नगर, अमरावती
 फोन : (हॉ.) ०७२१- २६६६२९५, मो. ९३२५३९५६३०
 वेळ : दुपारी १२ ते ३ - सायं. ७ ते ८

डॉ. सौ. मोनिका रा. हंतोडकर

MBBS, MD (OBSTETRICS AND GYNAECOLOGY)

MMC Reg. No. 2014/09/4194

- Ex MO District Hospital, Satna, Madhya Pradesh
- Ex Senior Resident, LBS Hospital, Govt of NCT of Delhi, New Delhi.
- Assistant professor, Dept fo OBGY, Dr PDMMC, Amravati.

प्रसूती व स्त्री रोग तज्ज्ञ

Name of Patient : श्री प्रभाती काल्य एलिसा
 Age / Sex : 29 / F

Date : 08/03/26
 BP : 100/60 Weight : 55 kg
 PR : 79 SpO₂ : 99%

पैसे धिळाले	300	2	P-Pay
पैसे परत केले			

ClO nausea & vomiting

Constipation

KClO Hypothyroid, on tabs thyrox 62.5

PIA - salt

AMP -> 29/1/26

EOD ->

MIC - regular

UP -> Parasitic

- > 1. Folate - 9 - (15)
- > 1 - गुण
- > Tab MV tabs 00 - (15)
- > 1 - रात्री
- > 1. Beram 0 - (20)
- > जवळ
- > Cap ~~Leptogen~~ medical sheet - (10)
- > Agdoko

FIV on 30th march

ClO headache.

PIA - salt

P. 7.0

27/03/26

पैसे धिळाले	100	
पैसे परत केले		

BP - 100/60 mmHg
 PR - 85/min
 SpO₂ - 98%

२४ तास इमर्जन्सी सेवा उपलब्ध

टिप : १) डॉक्टरांच्या सल्लाशिवाय औषध घेवू नये. २) औषधीचा त्रास झाल्यास त्वरीत डॉक्टरांचा सल्ला घ्यावा.

Leave Application

Date: 09/02/2026

To,
The Principal,
Dr. Rajendra Gode Institute of Nursing,
Mardi Road, Amravati

Type of Leave: Casual Leave (CL)/Duty Leave (DL)/Compensatory (C-OFF)
Earn Leave (EL)/Leave without Pay (LWP)/Medical Leave/ Special
leave (ON DUTY MUHS)

Applicant: - Miss. Monica Edward Chandekar.

Designation: - Associate Professor.

Authorized	Availed	Balance	No. of Days Required	Period	
				From	To
				10/02/2026	30/04/2026

Reason for Leave: - Maternity Leaves.

Alternative arrangement for class work

Date	Specialty	Period	Faculty name	signature
10/02/26	Community		Mr. Pranay Ganorkar	Pranav
to	Health Nursing		Mr. Prashik Chavhan.	Prashik
30/04/26	GNM Co-ordinator			

My duties are handed over to: - (1) ~~Pranav~~ (2) Mr. Prashik Chavhan

Signature of the Applicant M. Chandekar
09/02/2026

Recommended /Not Recommended

SECTIONED		
	Days	
	Date	
Remark		

[Signature]
Principal
Principal
Dr. Rajendra Gode Institute of
Nursing, Amravati-444602 (MH)

3 7 1 1



Saai Vedanata Hospital, 11/2 Knaparde Garden, Irwin Hospital to Osmania Masjid Road, Amravati, Maharashtra - 444602. +91 7058246816 www.saaivedantahospital.com saaivedantahospital@gmail.com

DISCHARGE SUMMARY

MRS. MONICA KRANTIKUMAR DIRISIPAM

SVH-25-26-320

DOB / AGE	: 33 YR / FEMALE	ADDRESS	: AMRAVATI, MAHARASHTRA, INDIA, 444601
REG. NO	: IPD.25-26-418	WARD INFO	: BED NO. 1/ROOM NO. 402/SINGLE OCCUPANCY ROOM
MOB NO	: 8484868745	DEPARTMENT	: GYNAECOLOGY
PATIENT CATEGORY	: PAYING	CONSULTANTS	: DR. SANDHYA KALE [MBBS]
ADMISSION DATE	: 13-02-2026 09:13 PM		
DISCHARGE DATE	: 18-02-2026 02:27 PM		



EXAMINATION ON ADMISSION

Oriented : Time ☉ Place ☉ Person ☉ | General condition : Moderate

BP lying down (arm) : 120/80 mmHg | Pulse lying down (radial) : 88/min (rhythm : Regular, vol : Normal) | Temperature : 98 °F | Resp. Rate : 22 /min | SPO2 : 98 %

L/E : BILATERAL PEDAL EDEMA ++ NO PALLOR / NO ECTERUS P/A : UTFT 39.6 WEEKS P/V : OS CLOSED

PRESENTING COMPLAINTS

AMENORRHEA SINCE 39.6 WEEKS

HISTORY OF PRESENT ILLNESS

PRIMIGRAVIDA WITH 39.6WEEKS FOR INDUCTION OF LABOUR.

OBSTETRIC HISTORY

G 1 P 1 L 1 A 0 E 0 D 0

LMP : 10-05-2025

MENSTRUAL HISTORY

LMP Date : 10-05-2025

Flow : Average

Avg. length of Cycle 28 days

Avg. day of bleeding 4 days

Number of pregnancies 1

Number of live births 1

Regular

MEDICAL HISTORY

Reviewed, no significant medical history

DIAGNOSIS

DIAGNOSIS

ICD CODE

Leave Application

Date: 1/4

CONDITION DETAILS

STABLE

EXAMINATION ON DISCHARGE

Oriented: Time ☉ Place ☉ Person ☉ | General condition: Moderate

BP lying down (arm) : 110/70 mmHg | Pulse lying down (radial) : 80/min (rhythm : Regular, vol : Normal) ; Temperature : 98 °F | Resp. Rate : 20 /min | SPO2 : 98 %

INSTRUCTIONS

STABLE.

EMERGENCY CONTACT DETAILS

TREATMENT ON DISCHARGE :

TAB FEBE OD X 6 MONTHS

TAB OSSOPAN XT OD X 6 MONTHS


TAB HIFOLATE D OD X 6 MONTHS

TAB PHLOGAM BD X 10 DAYS

INJ LONAPIN 40MG X 6 DAYS

AXPRO PROTEIN POWDER 2 TSP BD

FOLLOW UP TO DR SONAL KALE AFTER 7 DAYS.


Consultant

Dr. SANDHYA KALE

Leave Application

Date: 1/4/2026

To,
The Principal,
Dr. Rajendra Gode Institute of Nursing,
Mardi Road, Amravati

Type of Leave: Casual Leave (CL)/Duty Leave (DL)/Compensatory (C-OFF)
Earn Leave (EL) /Leave without Pay (LWP)/Medical Leave/ Special
leave (ON DUTY MUHS)

Applicant: - Ms. Soniya bhake

Designation: - Assistant prof

Authorized	Availed	Balance	No. of Days Required	Period	
				From	To
			10 day	6/4/26	15/4/26

Reason for Leave: - Summer vacation

Alternative arrangement for class work

Date	Specialty	Period	Faculty name	signature
			ms. jyoti dawade	<u>[Signature]</u>

My duties are handed over to: - (1) ms. jyoti dawade
[Signature]

Sonika
Signature of the Applicant
01/04/2026

Recommended /Not Recommended

SECTIONED		
Days	10 days.	
Date	6/04/26 to 15/4/26	
Remark		

[Signature]
Principal

Principal
DRGIC, Amravati

Leave Application

Date: 02/04/2026

To,
The Principal,
Dr. Rajendra Gode Institute of Nursing,
Mardi Road, Amravati

Type of Leave: Casual Leave (CL)/Duty Leave (DL)/Compensatory (C-OFF)
Earn Leave (EL) /Leave without Pay (LWP)/Medical Leave/ Special
leave (ON DUTY MUHS)

Applicant: - MS. Sushabhi Mathurkale

Designation: - Assistant Professor

Authorized	Availed	Balance	No. of Days Required	Period	
				From	To
			100 days.	06/04/2026	15/04/2026

Reason for Leave: - Summer Vacation. (2026)

Alternative arrangement for class work

Date	Specialty	Period	Faculty name	signature
			Mr. Pranay Gramakur	

My duties are handed over to: - (1) Mr. Pranay Gramakur (2) Pranavakare

Sushabhi Mathurkale
Signature of the Applicant

Pranavakare

Recommended /Not Recommended

SECTIONED		
Days	10 days.	
Date	06/04/26 to 15/04/2026	
Remark		

Principal

Principal
DRGION, Amravati

Leave Application

Date: 02/04/2026

To,
The Principal,
Dr. Rajendra Gode Institute of Nursing,
Mardi Road, Amravati

Type of Leave: Casual Leave (CL)/Duty Leave (DL)/Compensatory (C-OFF)
Earn Leave (EL) /Leave without Pay (LWP)/Medical Leave/ Special
leave (ON DUTY MUHS)

Applicant: - Ms. Navnath V. Joshi

Designation: - Assistant Professor

Authorized	Availed	Balance	No. of Days Required	Period	
				From	To
			10 days	6/04/26	15/04/26

Reason for Leave: - Summer Vacation

Alternative arrangement for class work

Date	Specialty	Period	Faculty name	signature
			Ms. Piyanka chandekar	<u>P. Chandekar</u>

My duties are handed over to: - (1) Ms. Piyanka chandekar

Joshi

Signature of the Applicant

P. Chandekar

Recommended /Not Recommended

SECTIONED		
Days	10 days	
Date	6/04/26 - 15/04/26	
Remark		

M. J.
Principal

Principal
DRGION, Amravati

Leave Application

Date: 01/04/2026

To,
The Principal,
Dr. Rajendra Gode Institute of Nursing,
Mardi Road, Amravati

**Type of Leave: Casual Leave (CL)/Duty Leave (DL)/Compensatory (C-OFF)
Earn Leave (EL) /Leave without Pay (LWP)/Medical Leave/ Special
leave (ON DUTY MUHS)**

Applicant: - Ms. Poja Bhosale

Designation: - Assistant Professor

Authorized	Availed	Balance	No. of Days Required	Period	
				From	To
			10	06/04/2026	15/04/2026

Reason for Leave: - Summer Vacation,

Alternative arrangement for class work

Date	Specialty	Period	Faculty name	signature
			Ms. Swarna Patil	

My duties are handed over to: - (1) Ms. Swarna Patil (2) _____

Bhosale
Signature of the Applicant

Recommended /Not Recommended

SECTIONED		
Days	10	
Date	06/04/26 - 15/04/26	
Remark		

Principal
Principal

Principal
DRGION, Amravati

Leave Application

Date: 1/4/2026

To,
The Principal,
Dr. Rajendra Gode Institute of Nursing,
Mardi Road, Amravati

Type of Leave: Casual Leave (CL)/Duty Leave (DL)/Compensatory (C-OFF)
Earn Leave (EL) /Leave without Pay (LWP)/Medical Leave/ Special
leave (ON DUTY MUHS)

Applicant: - Satshi Vinchurkar

Designation: - Tutor

Authorized	Availed	Balance	No. of Days Required	Period	
				From	To
			10 day	6/4/26	15/4/26

Reason for Leave: - Summer Vacation - (2026)

Alternative arrangement for class work

Date	Specialty	Period	Faculty name	signature
			Ms. Vaishnavi Phote	

My duties are handed over to: - (1) Vaishnavi Phote (2) _____

Signature of the Applicant

Recommended /Not Recommended

SECTIONED		
Days	10 day	
Date	6/4/26 - 15/4/26	
Remark		

Principal

Principal
DRGION, Amravati

Leave Application

Date: 2/4/2026

To,
The Principal,
Dr. Rajendra Gode Institute of Nursing,
Mardi Road, Amravati

Type of Leave: Casual Leave (CL)/Duty Leave (DL)/Compensatory (C-OFF)
Earn Leave (EL) /Leave without Pay (LWP)/Medical Leave/ Special
leave (ON DUTY MUHS)


Applicant: - Mr. Adesh Bhise

Designation: - Tutor


Authorized	Availed	Balance	No. of Days Required	Period	
				From	To
			10	6/04/2026	25/4/2026

Reason for Leave: - Summer Vacation

Alternative arrangement for class work

Date	Specialty	Period	Faculty name	signature
06/04/2026 15/4/26.	AHN	1	Ms. Pragati Tayade	

My duties are handed over to: - (1) Ms. Pragati Tayade (2) _____


Signature of the Applicant



Recommended /Not Recommended

SECTIONED		
	Days	
	Date	
Remark		


Principal
DRGION, Amravati

Leave Application

Date 02/04/2026 .

To,
The Principal,
Dr. Rajendra Gode Institute of Nursing,
Mardi Road, Amravati

Type of Leave: Casual Leave (CL)/Duty Leave (DL)/Compensatory (C-OFF)
Earn Leave (EL) /Leave without Pay (LWP)/Medical Leave/ Special
leave (ON DUTY MUHS)

Applicant: - Mr Animesh Dhare .

Designation: - Tutor

Authorized	Availed	Balance	No. of Days Required	Period	
				From	To
			10 days.	06/04/2026	15/04/2026.

Reason for Leave: - Summer Vacation (2026)

Alternative arrangement for class work

Date	Specialty	Period	Faculty name	signature
-	-	-	Mr. Roshan Kogade	Roshan

My duties are handed over to: - (1) Ms. Roshan Kogade (2) _____

Abhore
Signature of the Applicant

Roshan

Recommended /Not Recommended

SECTIONED		
	Days	10 days .
	Date	06/04/2026 to 15/04/2026.
Remark		


Principal
Principal
DRGION, Amravati

Leave Application

Date: 02/04/2026

To,
The Principal,
Dr. Rajendra Gode Institute of Nursing,
Mardi Road, Amravati

Type of Leave: Casual Leave (CL)/Duty Leave (DL)/Compensatory (C-OFF)
Earn Leave (EL) /Leave without Pay (LWP)/Medical Leave/ Special
leave (ON DUTY MUHS)


Applicant: - Mr. Vaibhav Ratnaparkhi.

Designation: - Tutor.


Authorized	Availed	Balance	No. of Days Required	Period	
				From	To
			10 days	06/04/2026	15/04/2026

Reason for Leave: - Summer Vacation (2026)

Alternative arrangement for class work

Date	Specialty	Period	Faculty name	signature
			Laxman Ingale	

My duties are handed over to: - (1) Laxman Ingale . (2) _____


Signature of the Applicant
02/04/2026

Recommended /Not Recommended

SECTIONED		
Days	10 days.	
Date	06/04/26 to 15/04/26	
Remark		


Principal

Principal
DRGION, Amravati

Leave Application

Date: 2/4/2026

To,
The Principal,
Dr. Rajendra Gode Institute of Nursing,
Mardi Road, Amravati

Type of Leave: Casual Leave (CL)/Duty Leave (DL)/Compensatory (C-OFF)
Earn Leave (EL) /Leave without Pay (LWP)/Medical Leave/ Special
leave (ON DUTY MUHS)

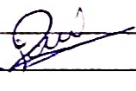
Applicant: - Mr. Nishant Ambhore

Designation: - Tutor

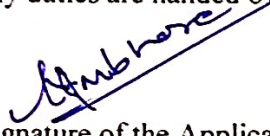
Authorized	Availed	Balance	No. of Days Required	Period	
				From	To
			10 days	6/4/26	15/4/26

Reason for Leave: - Summer Vacation - (2026)

Alternative arrangement for class work


Date	Specialty	Period	Faculty name	signature
			Mr. Riddhi papalkar	

My duties are handed over to: - (1) Riddhi papalkar (2) _____


Signature of the Applicant

Recommended /Not Recommended

SECTIONED		
Days	10 day	
Date	6/4/26 - 15/4/26	
Remark		


Principal

Principal
DRGION, Amravati

Leave Application

Date: 1/4/2026

To,
The Principal,
Dr. Rajendra Gode Institute of Nursing,
Mardi Road. Amravati

Type of Leave: Casual Leave (CL)/Duty Leave (DL)/Compensatory (C-OFF)
Earn Leave (EL) /Leave without Pay (LWP)/Medical Leave/ Special
leave (ON DUTY MUHS)


Applicant: - Mr. Vandan D. Rakshakas

Designation: - Nursing Tutor

Authorized	Availed	Balance	No. of Days Required	Period	
				From	To
			10 days	6/4/26	15/4/26

Reason for Leave: - Summer Vacation - 2026

Alternative arrangement for class work

Date	Specialty	Period	Faculty name	signature
			Mr. Sharad Pawar	

My duties are handed over to: - (1) Mr. Sharad Pawar (2) _____

R.D. Vaidya
Signature of the Applicant

Recommended /Not Recommended

SECTIONED	
Days	10 day
Date	6/4/25 - 15/4/25
Remark	


Principal

Principal
DRGION, Amravati